

Office of Statewide Health Planning and Development

Healthcare Information Division

Patient Data Section
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**Modification Request for Consolidated Facilities**

A facility operating under a consolidated license has the option to submit its data report combined under the parent Facility Identification Number or as separate reports that relate to separate physical plants (sites). Facilities electing to submit separate reports must request a modification in writing. You may use this document as a guide to make such a request. Modifications are granted for a maximum length of one year and must be requested again to continue beyond the expiration date.

We elect to submit **separate** reports by site as listed below

from _____ to _____ Report Periods (one year maximum)
(mm/dd/yyyy) (mm/dd/yyyy)

Parent: Facility ID Facility Name

Branch site(s) - The following site(s) will submit a separate report:

Facility ID Facility Name

I, _____, certify under penalty of perjury as follows:
(Name of Individual)

That I am an official of _____ and am duly authorized to make this election.
(Name of Parent Facility)

By signing this modification, I agree that each report will be filed as specified above, and that each report will be treated separately with regard to all reporting requirements as set forth in the Health Data and Advisory Council Consolidation Act Section 128675 et. seq., and the California Code of Regulations, Title 22, Division 7, Chapter 10, Article 8, Patient Data Reporting Requirements. I agree that by submitting separate reports, each facility will retain its own extension days and will be processed and tracked separately. As a result, each facility may be liable for separate penalties if data are not submitted and approved in compliance with the previously mentioned reporting requirements.

By: _____
(Signature)

Dated: _____

Name: _____
(Please Print)

Facility: _____

Title: _____

Address: _____

Phone: _____

E-Mail Address: _____